

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 10/517827

Publication Date 01.13.03

Publication No. WO 2005/004327 PCT/RO/101 ☒

Copy of ISR JP, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country JP No. 2003-192653 date 7.2003 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F Hiroshi L KUSHITANI

Inventor Residence city: Osaka, state and/or country JP citizenship: JP

International Application No. PCT JP2004/008280 Language JP

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes ☒ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 12 Chargeable 12 Independent 1 multiple N/A

Number of drawing Sheets: 11 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 12/14/04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 12.14.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 12.14.04 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ☒ forwarded to Assignment branch date: 6.28.05

Priority Document(s): ☒ date: 12.14.04; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 12.14.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 12.14.04

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 6.28.04

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 304

Extension of time: Number of months \_\_\_\_\_

**Best Available Copy**